authorities. Indeed, in the article by Verhagen and Sauer,[1] they report that only a small number of cases of newborn euthanasia are reported to the authorities, indicating the extent to which Dutch physicians violate their own criteria. The report also states that forgoing or not initiating life sustaining treatment in children is acceptable to most European neonatologists. Yet a recent survey of neonatologists in European countries revealed that almost two thirds did not feel that withdrawal and withholding were identical.[3] Clearly active euthanasia would be even more problematic for the overwhelming majority of European neonatologists.

Alternatives to euthanasia in the care of these infants certainly exist. Paediatric palliative care emphasises an interdisciplinary team approach to the physical, social, and psychological needs of the patient and their families, with expert management of pain and associated symptoms.[4] This holistic philosophy of pain control, symptom management, and psychosocial support should be the standard of care for children with life threatening illnesses and resources should be provided for its implementation.

The sole criterion for ending the life of these infants is their poor quality of life. Who gave physicians the right to determine quality of life and to practise euthanasia on that basis? Infants need to be protected by society irrespective of their medical condition and not condemned to die. In many countries physicians have already abandoned the longstanding honourable medical tradition of not deliberately terminating human life, by accepting a policy of active euthanasia in terminally ill competent adults; there is no justification for extending that policy to suffering children. In our minds the Groningen protocol is morally and ethically unacceptable and should be shunned by the international medical community.

Authors' affiliations
A B Jotkowitz, S Glick, Department of Medicine, Faculty of Health Sciences, Ben-Gurion University of the Negev, Israel

Correspondence to: Alan B Jotkowitz, MD, The Jakobovits Center for Medical Ethics, POB 653, Beer-Sheva 84105, Israel; ajotkowitz@hotmail.com

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